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# DEPARTMENT OF PUBLIC HEALTH NURSING

IN CHARGE OF

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## RECORDS

*(Continued from page 1226, September JOURNAL)*

Now for our records: Every nurse makes out a daily report, which is a brief, dated résumé of the names and addresses of patients seen that day, car fare used, and time on duty. This is for the convenience of her supervisor, who can thus see, almost at a glance, when a district is heavy or light, if the nurse is working over-time, if she is dismissing patients too quickly, if she is doing too much work within our allotted hours. We are averaging from ten to twelve visits daily a nurse, our ambition is to average eight. From the daily reports, which the nurses make out at home, they enter into their time-book for every new patient, the name in full, age, sex, address, part of house, country of birth, source of call, diagnosis, physician, date of first visit, and under the corresponding date in the calendar space, they make an oblique line for a nursing visit, a cross for any other kind of visit. We have only the two classifications for visits, "nursing" and "other," we believe that every visit should be more or less instructive. The third time the nurses write the patient's name and address is on the new patient's slip, of which I have spoken. This is a duplication, or rather, triplication. We should like to dispense with the daily reports, but the new patients' slips are absolutely necessary in order that we may have some record of our patients in the main office. (In a small association where a stenographer is not accessible, the nurse would not have to use the new patients' slips, but could write the information directly on the stiff index card and these could be filed. Nevertheless, when one has to go over several hundred or several thousand index cards very often, the amount of time saved when they are typewritten rather than hand-written is considerable and well worth taking into account. These smaller cards contain everything that is needed for statistical purposes and a nurse who wrote a small, tidy hand could make daily notes on their reverse side, thus doing away with the large size history card. It is not the amount of records that we would like to keep that we have to consider, but the amount of time we have to

spend on records, which, in the last analysis, must decide the type of records being kept by each organization.) The time-book serves as an address book and also shows the amount and kind of work being done in the district when a nurse is obliged to go off duty suddenly and turn her work over to somebody else. The daily report is necessary when one supervisor has from five to fifteen nurses whom she sees only once a day at the most. When a superintendent is able to see all of her nurses once or twice daily, the daily report is really superfluous, if not absolutely waste paper.

In addition to the items already enumerated, our time-books contain the total number of visits made for the month, remarks on discharge, "recovered, improved, to hospital," etc., and visits forwarded for old patients. The nurses complete these three totaling spaces each month and then make a monthly report showing the number of patients, and the amount of work done in their districts during the month just closed. We classify only our dismissed patients, and those by condition on discharge, by source of call, by country of birth, by sex, age, and by diagnosis. We are trying to use the diagnoses of the international list of the causes of death, but find it mighty hard work.

The history card I have already spoken of. We are severely criticized for asking the nurses to make out these monthly reports and for asking them to do so much clerical work, but we believe that doing good clerical work is just as much a part of a nurse's training as good bedside work or good social work and we try to give every nurse on our staff instruction in this division. It has been our experience that nurses who could not grasp the clerical details, sooner or later did not grasp the significance of the rest of our work, and that they, in the long run, did not make good visiting nurses. They may have been good nurses, but they were not efficiently socialized visiting nurses, observant, sympathetic, and accurate in their work.

We were recently told that in a fairly large association the supervisors make out all the district monthly reports because the nurses found them so difficult and made so many mistakes that it was easier to have the supervisors do them. Some of our nurses make mistakes in their monthly reports and fuss over them a lot, nevertheless most of them are glad of the training and experience, and the nurses who can't, sooner or later, master their monthly reports, never really get to the bottom of most of our social problems, consequently, for the present at least, the monthly reports, with us, are going to be done by the nurses themselves. Any number of nurses who have left our staff have written back saying that the training in clerical work which they received while with us has proved most helpful to them. In addition

to this clerical work, each supervisor hands in a monthly report of the work of each nurse in her substation. Once a month each supervisor must read before the Nurses' Committee, composed entirely of members of the board of directors, a report of the work in her territory. This report must cover the statistics of the past month, their increase or decrease and the probable reasons therefor, also the work of each nurse under her supervision. In this way the Nurses' Committee is kept in very close touch with the work of the staff as a whole, and the supervisors are given a good training in making their work interesting to a group of lay-people.

READING FOR PUBLIC HEALTH NURSES. Visiting nurses have not forgotten Ellen LaMotte, former superintendent of the municipal tuberculosis nurses of Baltimore. They will be proud to know that since she has been in France nursing wounded soldiers, she has had two articles accepted by the *Atlantic Monthly*, one in November, 1915, entitled "Under Shell Fire at Dunkirk," and one in July, 1916, entitled, "Heroes." Both articles are more than interesting, they are extremely well written; the terse, vivid style which made Miss LaMotte's annual tuberculosis reports such a joy to receive has not been forgotten. In addition to the fact that it is a very great honor to have anything accepted by the *Atlantic Monthly* we may well be pleased with the substance as well as the style of these two articles.

Public health nurses, especially those working in "poor white" rural districts or congested city neighborhoods where poverty, ignorance, vice and misfortune seem to sap the vitality of all the patients, frequently get discouraged and wonder if it is worth while saving babies, fighting tuberculosis, or begging money for summer outings for little cripples. Such nurses should read *The Masters of Fate* by Sophia P. Shaler, a book written to prove that even the most physically handicapped individual may rise above his handicap and startle the world by his genius. Mrs. Shaler's book is not entirely comprehensive, it doesn't mention Florence Nightingale, Agnes Jones, Doctor Trudeau, and others who are well known to us, but it does tell us enough about those handicapped by blindness and deafness, crippled by paralysis or accident, or stunted by inherited mental deficiencies, to make us realize that, after all, man is master of his fate and that those of us who have the unspeakable good fortune to help him grasp his mastery with both hands, are the last people in the world to respond to discouragement. All of us have our pessimistic moments, but we would get over them more quickly if we kept Mrs. Shaler's book on our bedside tables.

QUESTION. May I have an application blank? I should like to

come to an association where I may serve the poor, physically and spiritually. I do not wish to be forbidden to use my religion whenever and wherever I see fit, and I believe that visiting nursing offers me the opportunity for which I have long waited.

ANSWER. You may do any religious work you please on Sunday, out of your district, while you are with us, and you may occasionally find a patient in the district, of your own faith, whom you will be able to help, but we are absolutely non-sectarian and the nurses may in no way discuss or interfere with the religious beliefs of their patients. The nurse who does not know enough to offer to get a clergyman for a dying patient would be a pretty poor specimen, but this is an entirely different thing from discussing religious matters while one does a dressing or gives a bath. We ask our nurses to live their faith; example speaks louder in this work than precept.

Mrs. Jane Brown Ranson, a graduate of St. Luke's Hospital, Richmond, Va., and formerly a school nurse in Lynchburg, has recently been appointed State Supervisor of Public Health Nursing by the Virginia State Board of Health. Mrs. Ranson is working hard to co-ordinate the methods and results of all of the public health nurses in the state, therefore she has sent out the following notice, which is not merely interesting, but full of suggestions for other nurses working in sparsely settled districts.

"The State Board of Health and the Metropolitan Life Insurance Company have made a joint agreement for the coördination and extension of Public Health Nursing throughout the state. The objects in view are three-fold:

First, To coördinate and standardize the public health nursing in the state as far as possible, so that all will feel that they are a part of one whole and not working as isolated units.

Second, To make uniform as far as possible reports, records, etc., in an effort to standardize statistics, so that they may be more valuable and we may know just what is being accomplished for the health of the state by Public Health Nursing.

Third, Most important of all, to extend Public Health Nursing in all its forms throughout the state to both rural and urban districts just as rapidly as possible. (There are now 29 Public Health Nurses in the state outside of Richmond and Norfolk.)

If the central State Board of Health office is made a clearing-house for all information and data relating to Public Health Nursing being done in the state, it is thought that the welfare of the state will be greatly benefited, the work more easily and readily extended, both the nurses doing the work and the organizations supporting them be strengthened, and the interests of all promoted. As a means to the above ends, a State Supervisor of Public Health Nursing has been appointed. Ohio and North Carolina preceded Virginia in this health movement. We do not want to follow them in efficiency, however, but should like to lead."